



**PATENT APPLICATION**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of

Koichi OGUCHI et al.

Group Art Unit: 2824

Application No.: 10/715,500

Examiner: S. T. Dinh

Filed: November 19, 2003

Docket No.: 110005.01

For: FERROELECTRIC MEMORY DEVICE AND METHOD OF MANUFACTURING  
THE SAME

**SUPPLEMENTAL PRELIMINARY AMENDMENT UNDER 37 CFR §1.115**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Prior to initial examination on the merits, please amend the above-identified application with sections as follows:

**Amendments to the Claims** are reflected in the listing of claims; and

**Remarks.**

OLIFF & BERRIDGE, PLC  
P.O. Box 19928  
Alexandria, Virginia 22320  
Telephone: (703) 836-6400  
Facsimile: (703) 836-2787



**PATENT APPLICATION**

Attorney Docket No.: 110005.01

**AMENDMENT TRANSMITTAL**

In re the Application of

Koichi OGUCHI et al.

Application No.: 10/715,500

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For: FERROELECTRIC MEMORY DEVICE AND METHOD OF MANUFACTURING THE SAME

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- Entitlement to small entity status is hereby asserted.  
 Small entity status of this application has been established.

The filing fee has been calculated as shown below:

	(Column 1)	(Column 2)	(Column 3)	SMALL ENTITY	OTHER THAN A SMALL ENTITY
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE ADD'L FEE	RATE ADD'L FEE
TOTAL CLAIMS	** 15 MINUS	**20	= 0	x 9 \$	x 18 \$
INDEP CLAIMS	*** 1 MINUS	***6	= 0	x 43 \$	x 86 \$
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+145 \$	+290 \$
					\$ 0

\* If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" in this space (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior Amendment or the number of claims originally filed.

- No check is attached or required. The Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully submitted,

James A. Oliff  
Registration No. 27,075

Gerhard W. Thielman  
Registration No. 43,186

JAO:GWT/gwt

Date: January 29, 2004